

St. Clair County Plan - Basic Plan

Covered Service	Plan Provisions In- Network	Plan Provisions Out-of-Network	Comments
Primary care provider office visits	\$15 copay per visit; no limit on visits	\$30 copay per visit; no limit on visits	Committee did not specify a co-payment level for out-of-network providers, but generally favored strong incentives to keep patients in network
Specialty care office visits and services	\$15 copay per visit; no limit on visits	\$30 copay per visit; no limit on visits	Committee did not specify a co-payment level for out-of-network providers, but generally favored strong incentives to keep patients in network
Inpatient hospital	\$25 per day copay up to \$100; limit to 12 days per year	\$100 per day copay; no upper cap set; limit to 12 days per year	
Emergency Room services	\$50 copay; applied to inpatient charges if admitted	\$50 copay; applied to inpatient charges if admitted	\$50 copay; applied to inpatient charges if admitted
Outpatient prescription drug services	\$5 copay for generics; \$15 copay for brand name drugs on formulary; \$30 for non-formulary drugs; 2X copay for mail order		
Outpatient hospital services	\$0 copay; Services must be prescribed; \$5000 annual limit on surgery; \$1500 annual limit on lab/x-ray	\$50 co-pay; Services must be prescribed; \$5000 annual limit on surgery; \$1500 annual limit on lab/x-ray	
Ambulance services	\$50 copay	\$50 copay	
Durable medical equipment	20% coinsurance up to \$1,000	20% coinsurance up to \$1,000	
Outpatient physical therapy	\$15 copay per visit; combined 15 visits per year	\$30 copay per visit; combined 15 visits per year	Committee did not specify a co-payment level for out-of-network providers, but generally favored strong incentives to keep patients in network
Chiropractic Services	\$15 copay per visit; combined 15 visits per year	\$30 copay per visit; combined 15 visits per year	Committee favored including chiropractic services, with a 15 visit per year max
Vision exams and glasses	Not covered	Not covered	
Inpatient drug and detox	Same as any other disability	Same as any other disability	
Dental Services	Not covered	Not covered	Committee favored a limited dental rider that could be purchased at employee's expense
Inpatient Mental Health	Same as any other disability	Same as any other disability	Same provisions as inpatient hospital services; mental health admissions would count toward the overall inpatient limits
Outpatient Mental Health	\$15 copay with a combined limit of 15 visits per year	\$30 copay with a combined limit of 15 visits per year	
Riders			The Committee would like to consider a rider for more extensive inpatient coverage, including organ transplants and additional IP days
Facility Provider Reimbursement	Medicare	Non-discounted FFS	
Professional Provider Reimbursement	Medicare	Non-discounted FFS	

St. Clair County Plan
Estimated Manual Rates

Effective Date: 7/1/03
Administrative Loading: 17% of Premium
Adverse Selection Loading: 5% of Premium

PEPM Rates

OON Provider Reimbursement = Non-discounted FFS	
Basic Plan	\$158.97
Basic Plan with \$50 Inpatient Copays	\$158.25
Basic Plan with \$20/\$40 Office Visit Copays	\$154.93
OON Provider Reimbursement = Medicare	
Basic Plan	\$147.49
Basic Plan with \$50 Inpatient Copays	\$146.76
Basic Plan with \$20/\$40 Office Visit Copays	\$143.49
OON Provider Reimbursement = Medicare, but inpatient limited to \$600 per inpatient day (including participants \$100 copay)	
Basic Plan	\$146.74
Basic Plan with \$50 Inpatient Copays	\$146.01
Basic Plan with \$20/\$40 Office Visit Copays	\$142.74